

# PRN

## Policy Review & News

Important information about Pennsylvania Blue Shield

December 1997

### In This Issue

Accounts receivable questions answered quickly through free InfoFax service .....	2
Groups move spinal manipulation coverage from Major Medical to Basic Blue Shield .....	2
State adds grace period for direct pay .....	3
Year 2000 computer dilemma to impact everyone — including health care professionals .....	12
Fees and policy change for certain hemodialysis procedures .....	21

### News

Use proper preventive codes to ensure expedient, accurate processing

Please use the procedure codes for routine services and asymptomatic patients when reporting services covered under Pennsylvania Blue Shield's adult and pediatric preventive benefits programs. You can find these codes starting on Page 1 of your 1997 **Procedure Terminology Manual (PTM)**.

These codes apply only when services are performed for routine purposes. In such instances, also use an asymptomatic diagnosis code.

As more employers select health benefits programs that include preventive benefits, it is important that you submit the correct diagnosis and procedure codes to ensure expedient and accurate processing of your claims.

Complete details about the Preventive Services Program appear in Section II, Pages 14-16 of the **Blue Shield Reference Guide**. Our preventive services programs supplement the preventive benefits already mandated by Pennsylvania law, including mammograms, childhood immunizations, gynecological examinations and Pap tests.

Additionally, Blue Shield periodically reviews the schedule and frequency of covered services. The Company also routinely considers any new or revised recommendations from organizations such as the American Academy of Pediatrics, the American College of Physicians and the American Cancer Society. As always, any modifications to our schedule of covered services are reported in **PRN**.

# PRN

For services covered under the Preventive Program, PremierBlue and Participating Providers should submit claims directly to Blue Shield after collecting any applicable copayments from their patients. Blue Shield reimburses these network providers directly.

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## Accounts receivable questions answered quickly through free InfoFax service

Direct Access Services has a new way to get quick answers to your accounts receivable questions. InfoFax — a free service you access through your touch-tone telephone — delivers answers to your inquiries through your fax machine.

Don't just take our word for it. Becky Buterbaugh, Health First Medical Center, Dunbar, said, "I just love it." Becky uses InfoFax three or four times a day. "InfoFax saves me a lot of time, especially if a patient has lots of pending claims."

Claim status information is available through InfoFax for claims submitted for Pennsylvania Blue Shield patients enrolled in:

- Security 65/65 Special
- Federal Employee Program (FEP)
- Traditional Blue Shield/PremierBlue
- Concurrent Processing (Eastern Region only)

InfoFax is available:

Weekdays	7 a.m. to 9 p.m.
Saturday	7 a.m. to 5 p.m.
Sunday	7 a.m. to 5 p.m.

InfoFax also provides access to benefits and enrollment information for your Security 65/65 Special patients.

Call (800) 891-1856 to become authorized to use InfoFax. You will be prompted to respond using the keys on your touch-tone telephone.

If you have any questions, contact your Professional Service representative.

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## Groups move spinal manipulation coverage from Major Medical to Basic Blue Shield

One more group is moving its coverage for spinal manipulations from the Major Medical portion of its benefits, to its Basic Blue Shield benefits.

Effective Jan. 1, 1998, the Pennsylvania Employees Benefit Trust Fund (PEBTF) will move coverage for spinal manipulations to Basic Blue Shield. Previously, this benefit was covered under the PEBTF's self-funded Major Medical program.

Please submit claims for spinal manipulations performed on or after Jan. 1, 1998 to Pennsylvania Blue Shield rather than to the PEBTF.

The following Blue Shield groups have already moved their coverage for spinal manipulations to Basic Blue Shield — effective for the dates specified:

<u>Group</u>	<u>Effective date</u>
Dana Corp. Parish Division	May 1, 1997
Derry Township School District	May 1, 1997
The Pennsylvania Judiciary	May 1, 1997
Bucknell University	Sept. 1, 1997

Groups with spinal manipulation coverage under Basic Blue Shield are no longer subject to the deductible and coinsurance provisions that apply under Major Medical. In addition, Blue Shield covers the first 15 medically necessary manipulation or physical therapy visits per calendar year. To obtain coverage for any additional manipulation or physical therapy visits during that same year, you must submit a treatment plan for your patient on form 3861.

Details regarding Blue Shield procedure codes and treatment plan requirements can be found in the October 1996, the February 1997 and the August 1997 issues of **PRN**.

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## State adds grace period for direct pay

Health care professionals should note that Pennsylvania Blue Shield is in compliance with the Pennsylvania Insurance Department's Accident and Health Filing Reform Act (Act 159).

According to the mandate, direct pay customers in any of our managed care or indemnity programs must be given a 31-day grace period during which to pay a late premium. However, if the premium is still unpaid after the 31-day grace period, coverage is canceled retroactively to the date the premium was originally due.

Members in their grace period constitute a very small portion of direct-pay customers, and in the majority of cases, the problem is resolved and coverage remains intact. In those few cases where coverage is canceled, health care professionals may seek payment from the member.

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## BlueCard tips: helping move claims through the system

Here are several tips on submitting BlueCard claims that should help your claims move through the system as fast and efficiently as possible:

- Be sure to submit your patient's alpha prefix and ID number correctly. This letter/number combination is important for the correct routing and timely processing of your claims.

The alpha prefix consists of the three letters that appear before the member's ID number. For example: **ABC**123456789. If the member's ID card is from the Independence Blue Cross region, the member's alpha prefix ID number combination may look like **ABCD**1234567.

If you are an electronic biller, please ensure that your software vendor not only allows you to enter the alpha prefix but also maps it so it transmits properly.

# PRN

- Send claims for all Blue Shield patients to Pennsylvania Blue Shield regardless of the plan in which they are enrolled. If Pennsylvania Blue Shield cannot process the claim, it will forward the claim to its appropriate destination.

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## New Precertification customers

Here are additional customers requiring precertification through The Precertification Center in Harrisburg, with the effective dates for their precertification coverage.

<u>Group customer</u>	<u>Effective date</u>
A-Cut In Time Inc.	10/1/97
Al's Seafood	10/1/97
Alexander Massengale, M.D.	10/1/97
American Products Inc.	9/1/97
American Red Cross	10/1/97
Arencibia Associates Inc.	10/1/97
Associated Fire Equipment	9/1/97
B & B Pool Builders	10/15/97
B & I Auto Supply Inc.	9/1/97
Bankcard Alliance One	9/1/97
Berger's Market Inc.	9/1/97
Berks Christian School Exeter Bible Church	9/15/97
Bible Baptist Church	10/1/97
Black Hills Horse Equipment	10/1/97
Blackman's Cycle Inc.	9/1/97
Bob Young Trucking Inc.	10/1/97
Brecknock Township	9/15/97
Brent Laubenstein Contracting	10/1/97
C. B. Foreign Cars Inc.	10/15/97
C. H. Reed Inc.	9/1/97
Caffrey's Screening and Embroidery	9/1/97
Capital Bonding Corp.	9/1/97
Capital Tax Collection Bureau	9/1/97
Car Circus Inc.	9/1/97
Central Pennsylvania Business School	9/1/97
Centre Park Insurance Associates	9/1/97
Cetronia Fire Company No. 1	9/1/97
Christian Life Assembly of God	10/1/97
CJ Tile and Marble	10/15/97

# 12/97

Country Cupboard Inc.	10/1/97
Covenant Christian Academy	10/1/97
Creative Image Salon Inc.	9/1/97
CTCE Federal Credit Union	9/1/97
D. Theodoredis and Sons Inc.	11/1/97
Dairy Queen	10/1/97
Dave P. Unger Excavating	9/1/97
Dedicated Transportation Inc.	10/1/97
Defrain's Pump Sales and Service	11/1/97
Designpoint Inc.	10/15/97
Dr. Jay B. Lipshutz	9/1/97
Dr. Darla Miller	9/1/97
Drs. Leaman & Yelinek	10/1/97
Edwin H. Kleckner Inc.	10/1/97
Edwin L. Heim Co.	9/15/97
Edwin Mensch Real Estate	11/1/97
Eisenhart Joists and Deck Inc.	10/15/97
Eye Expressions Optical	11/1/97
Fabbco Steel Inc.	9/15/97
Fire Systems Design Inc.	10/1/97
Flight Systems Industrial Products Co.	10/1/97
Flight Systems Inc.	10/1/97
Foam Fabricators	10/1/97
G & B Specialties Inc.	10/1/97
G.H.E. Inc.	9/15/97
Galbraith Pre-Design Inc.	9/15/97
Geo Technical Service Inc.	9/15/97
Geschwindt-Stabingas Funeral Home Inc.	10/1/97
Gifts 'N Things Inc.	9/1/97
Girton Systems Inc.	10/1/97
Glenn Forry's Tire and Auto	11/1/97
Golden Sun	11/1/97
Gordon L. Brown Associates	9/1/97
Graphics Universal Inc.	10/1/97
Green Pond Nursery	10/15/97
Greenfield Kennels	10/15/97

# PRN

Guaranteed Freight Systems Inc.	10/15/97
Guthrie-Linebaugh-Coffey Inc.	9/1/97
H & A Corrugated Box Company Inc.	10/15/97
H.M. Kelly Inc.	9/1/97
H.P. McGinley Inc.	10/1/97
Hanover Country Club	9/1/97
Henry S. Lehr Inc.	10/1/97
Herbron Hose Company No. 1	9/1/97
Hess Heating & Electric	9/1/97
Hi-Tech Concrete Coatings Inc.	11/1/97
Hillside Composting Corp.	10/1/97
Historic Pleasantville Inn	10/15/97
HJ & MK Corp.	10/1/97
Horst Drilling and Blasting Inc.	10/1/97
Huggins Printing Company Inc.	10/1/97
Hughes Auto Sales Inc.	9/15/97
Human Assets Inc.	9/15/97
Huntingdon Throwing Mills Inc.	9/1/97
Imperial Excavating	10/1/97
Inner Visions	10/1/97
International Logistics Systems	11/1/97
J & J Trucking	10/1/97
Jones and Co.	10/1/97
Joyner Sports Medicine Institute Inc.	9/1/97
K & K Heating, AC and Electric	11/1/97
K. Heeps Inc.	9/1/97
Kasual Computing	10/1/97
Klingler Family Sawmill	11/1/97
Lantern Lodge Motor Inn	11/1/97
Lehigh County Housing Authority	9/1/97
Leilani L. Heller, D.O.	11/1/97
Lendacki Construction	9/15/97
Lite-Air Products Inc.	9/1/97
Living & Learning Co.	9/1/97
Loikits Industrial Services	10/1/97
Lowell Manufacturing Inc.	11/1/97

# 12/97

Lower Alsace Township	10/15/97
M & R Trucks	9/1/97
M and A Resource Group Inc.	10/1/97
M.I.S.C. Inc.	9/1/97
Mackley's Exxon Station	9/1/97
Manny's Auto Repair	10/15/97
Martam Inc.	10/15/97
Marvin D. Fink CPA	11/1/97
Maxatawny Automotive Center Inc.	10/1/97
Mello Vending Company Inc.	9/15/97
Menchey Music Service Inc.	10/1/97
Micro - Clean	9/1/97
Milestone Enterprises Corp.	10/1/97
Miller Matter Associates	10/1/97
Mister Ed's	9/15/97
Monahan Funeral Home Inc.	10/15/97
Montrose Realty Inc.	10/15/97
Moon Brothers Landscaping	11/1/97
Morris Black and Sons Inc.	10/1/97
Moyer Electronic Supply Company Inc.	9/15/97
Nazareth National Bank	9/1/97
Neil D. Beberman	10/1/97
Nelson and Werner PC	9/1/97
Newcomb's Market	10/1/97
Newport Assembly of God Church	9/1/97
Newvision Communications Inc.	10/15/97
Nissley Conveyor Co.	10/1/97
North Summit Enterprises	10/1/97
Northwood Clinical Laboratories Inc.	10/1/97
Nutrient Solutions In Agriculture Inc.	10/15/97
Oak Forrest Apartments	9/1/97
Oakland Memorial Garden Inc.	10/1/97
P & J Printing Inc.	9/15/97
P & L Sportswear Inc.	9/1/97
Pa. Association of Life Underwriters	10/1/97
Pediatric Care of York	10/1/97

# PRN

Penguin Automotive Manufacturing Inc.	9/1/97
Penn Forestry Company Inc.	10/15/97
Pinker and Associates	10/1/97
Polar Plastics Inc.	9/1/97
Quality Investment Casting Inc.	10/1/97
Queen's Nutritional Products	10/1/97
R.L. Hammer Electric Inc.	11/1/97
Rager, Lehman, Myers and Houck	9/15/97
Realty Leasing & Management	9/1/97
Rebco Investments, LLC	9/15/97
Record Herald Publishing Company Inc.	10/1/97
Remtech Environmental Group, L.P.	10/1/97
Reneer Films	10/1/97
Reynaldo C. Guerra, M.D., P.C.	10/1/97
Rice Fruit Co.	10/1/97
Richfood of Pa.	10/1/97
Romberger Furniture Inc.	10/15/97
Rucci General Contracting	10/1/97
S & B Upholstery	11/1/97
S & G Foods Inc.	10/1/97
Saucon Valley Threads	10/1/97
Saunder's Homes Staff	10/1/97
School Sisters of St. Francis	11/1/97
Scicchitano Ace Hardware	9/1/97
Selkirk Mining Co.	9/1/97
Sheet Metal Workers	9/1/97
Singleton Insurance Agency Inc.	9/1/97
Site Master Inc.	9/1/97
Sites Realty Inc.	9/1/97
Steeles Contracting and Rental Service	10/15/97
Stouchsburg Nursery	10/15/97
Surface Measurement Systems Ltd.	10/1/97
Tassone's Sub and Beer	9/1/97
TBL Inc.	9/1/97
Technicolor Salon and Day Spa	9/1/97
Telecommunications Inc.	9/15/97



# 12/97

The Clarion House	9/15/97
The Deutsche Haus	9/1/97
The May Group	9/1/97
The Shephard's Choice of Gettysburg	9/1/97
The Window Store and More	10/1/97
Third Millennium Systems Inc.	10/1/97
Tray-Pak Corp.	9/1/97
Tri-Color Lab and Art Services Inc.	9/15/97
Trustworthy Travel Agency	9/15/97
Tuscarora Builders	9/15/97
Uni-Temp of Schuylkill County Inc.	10/1/97
United Jewish Community	10/1/97
United Way of Berks County	10/1/97
United Way of Capital Region	10/1/97
Valley Health Services Inc.	10/1/97
Valley Insulating and Roofing	9/15/97
Valley View Retirement Community	10/1/97
Villager Realty Inc.	9/1/97
Von Beck and Co.	10/1/97
Wayne Tool Co.	10/15/97
West Perry School District	11/1/97
West Shore Beverage Distributors	10/1/97
Whispers	10/1/97
Whitmer Fuels Inc.	10/1/97
WHTM Television	10/1/97
Wireless Telecommunications Inc.	9/15/97
Wiring By Wall Inc.	11/1/97
Woodland Hills Country Club	10/1/97
Young Republican Club of Easton	10/1/97
Zwald Logging	10/1/97

To obtain precertification, call The Precertification Center, Monday through Friday,  
8 a.m. to 4:15 p.m.

Medical-surgical services: (800) 441-2333 or (717) 760-9990.

Mental health or substance abuse services: (800) 441-8811 or (717) 760-9990.

# PRN

Please have the following information available:

- patient's name and date of birth,
- member's name and contract number,
- admitting doctor and Pennsylvania Blue Shield provider number,
- name of hospital, anticipated admission date, estimated length of stay,
- diagnosis and/or symptoms,
- treatment and/or procedure,
- factors that document the need for inpatient care and/or treatment requested.

## EMC News

### Health Insurance Portability and Accountability Act of 1996 update

In August 1996, President Clinton signed the Health Insurance Portability and Accountability Act of 1996 into law. Included in the bill are provisions for health insurance availability, renewability and portability (through limitation on pre-existing condition exclusions when someone changes employers), along with administrative simplification.

In this situation, administrative simplification means that for payer groups and health care professionals that exchange data electronically, the federal government has mandated a specific format for these electronic exchanges. This format includes national electronic standards and standardized codes and identifiers.

The government itself must also abide by the new rules. According to the **National Report on Computers & Health** (May 11, 1992 v. 13 No. 10), the Health Care Financing Administration (HCFA) "...is trying to dig out from a mountain of paperwork and is moving toward a 100 percent electronic data interchange ... and intends to be totally electronic in five to seven years."

The federal Secretary of Health and Human Services must publish the administrative simplification standards by Feb. 21, 1998. The health care community will have 24 months to comply with these standards.

For the administrative simplification provision of the bill, the law:

- Requires all health plans that electronically exchange health information with providers, to do so in a standard fashion. It also includes a list of specified transactions to which these standards apply.
- Applies to all group health plans, as well as all providers and employers desiring to communicate electronically. Both private health plans and public programs are subject to the requirements.
- Requires Health and Human Services to adopt standards for transactions, unique health identifiers (identification numbers), code sets, information security, electronic signatures and transfer of information among health plans (such as in the case of multiple coverages).
- Requires Health and Human Services to meet a number of key deadlines in announcing and putting these standards into action. Among them, the agency has

until February 1998 to adopt initial standards. The agency is also prohibited from adopting modifications to standards more than once every 12 months.

- Requires Health and Human Services to announce and put into action standards for unique health identifiers for payers, providers, employers and individuals.
- Requires health plans to comply with the law 24 months after Health and Human Services publishes the standards.
- Allows health plans and providers to comply with the standards by either directly transmitting and receiving standard health information — or by using a clearinghouse to convert their information into the standard format and to transmit and receive it for them.
- Supersedes state laws, with exceptions, if contrary to the federal law.
- Permits Health and Human Services to levy penalties for reasonable cause, however, the agency may allow up to 60 days to correct violations. If the entities do not comply, civil and criminal penalties may be imposed.

The unique system of health identifiers will include identification numbers for:

1. Individuals
2. Employers
3. Health plans
4. Health care professionals

The transactions to be standardized include:

1. Claims and encounter submissions
2. Claim attachments (regulation due February 1999)
3. Enrollment/dis-enrollment
4. Eligibility and benefit information
5. Health care payment/remittance advice
6. Health plan premium payments
7. First report of injury
8. Health claim status
9. Referral certification/authorization

UPDATE — as of August 1997

The HIPAA draft regulations were expected to be published in the October 1997 **Federal Register**, followed by a 60-day public review period. Here is a brief update on how the implementation is progressing:

### **Transactions**

The format expected to be selected as the national standard for the electronic exchange of data is known as ANSI ASC X12 EDI transaction sets Version 4010. The exception is retail pharmacy claims — the National Council for Prescription Drug Programs (NCPDP) format will most likely be adopted for that.

# PRN

## Unique identifiers

The National Provider Identifier (NPI) (an identification number system) is the candidate for HIPAA's unique health care provider identifier. Unique identification of health plans will be through the PAYER ID.

The unique individual identifier for individuals is still in question, and publication of this may not meet the date mandated by HIPAA for the final rule (February 1998).

## Code lists

For the initial standards, Health and Human Services is expected to select current versions of ICD-9 and HCPCS. However, there is a strong possibility that after the year 2000, coding standards will move to structures based on implementation of ICD-10.

Sources for additional information:

Health and Human Services Data Council <http://aspe.os.dhhs.gov/datacnc/>

National Committee on Vital and Health Statistics <http://aspe.os.dhhs.gov/ncvhs/>

Administrative simplification has major ramifications for all health care professionals. The intent of this article is to provide an overview of this issue. All health plans (payers) are required to comply. Pennsylvania Blue Shield will comply. Direct Access Services (DAS) will continue to update you with the progress of the implementation of this legislation.

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Year 2000  
computer  
dilemma to  
impact everyone  
— including  
health care  
professionals

Almost anyone who uses a computer — and those who either directly or indirectly interact with a mainframe — will feel the effects of the “millennium bug” as we reach the year 2000. In fact, this bug will directly affect health care professionals that file claims electronically with Pennsylvania Blue Shield because this process is handled by a mainframe computer.

What is the millennium bug? Most software — especially mainframe software — is not set up to recognize the difference between the 1900s and the 2000s. In general, computers are “hard coded” to operate in the 1900s.

They are programmed to assume a date's century number (the 19 in the year 1997 or the 20 in the year 2000) is “19.” That means the computer reads the year 2001 as 1901. (In computer terms, that also means the machine is not Year 2000 compliant.)

This date recognition dilemma is strategic to all aspects of banking, consumer credit, stock markets, motor vehicle registrations, social security, military establishments, procurement, and insurance — including health care. There are already examples of computers ordering the destruction of canned foods because the machine determined that the food was over 100 years old.

Electronic claim formats must be Year 2000 compliant as of  
April 1999

Date information is critical for processing health care claims. Almost 90 percent of Blue Shield's electronic claims are coming in on formats that have the century fixed in the software and are not Year 2000 compliant.

# 12/97

Blue Shield is working hard to plan and carry out the changes that are necessary for its computer systems to become Year 2000 compliant. The Company will expend a considerable amount of time and money to make these changes.

As part of this, Blue Shield is eliminating electronic claim formats that are not Year 2000 compliant. As of April 1999, Blue Shield will no longer accept the electronic claim formats known as NSF 1.0 (claims and electronic reconciliation) and ANSI X12 3032 (claims) /3041 (electronic reconciliation).

In addition, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandates a standard format for all electronic information exchanges. As a result, Blue Shield anticipates phasing out the electronic claim format known as NSF 2.0 and X12 3051.

HIPAA has named the format known as X12 version 4010 as the standard for both claims and remittance. Blue Shield will make the 4010 guidelines available to health care professionals and implement them in June 1998. Changing to a new format can take six to 12 months, so start planning now.

## Key dates

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February 1998 — Draft implementation guides for the electronic format known as X12 4010, available for downloading from Washington Publishing at: <http://www.wpc-edi.com/hipaa>.

June 1998 — Electronic claims and remittance standard known as X12 4010 available for implementation.

June 1998 - April 1999 — Migration of electronic claims submitters using NSF 1.0/X12 3032 (claims) and X12 3041 (remittance) to new format.

April 1999 — Use of formats known as NSF 1.0/X12 3032 (claims) and X12 3041 (remittance) is discontinued.

While April 1999 seems a long way off, all companies are going to be “scrambling” to fix the problem, so the next 24 months are going to be chaotic. The best advice is to start planning now, so that your organization’s cashflow is not interrupted throughout 1999.

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Technology:  
Purchasing the  
best PC for your  
office

One of the most common questions for members of the Direct Access Services (DAS) staff from health care professionals and their office managers is: “What kind of PC should I buy?”

Scott Mangol, manager of Electronic Data Interchange (EDI) Systems for DAS, put together the following analysis of that question. (Mangol can be reached for further technology questions at the Internet e-mail address of [drtechnology@careconnect.com](mailto:drtechnology@careconnect.com).)

# PRN

Every Sunday in your local newspaper, you see the ads selling PCs at low, low prices. The headlines for these ads mean something to everyone, but the “technotalk” that accompanies each ad is likely to drive even the most skilled PC users crazy. Let’s analyze an ad from a recent newspaper and explain each item in detail. It reads:

## High Performance Machines at Great Low Prices

### Quick Specs

CD-ROM	16x
Fax/Modem	33.6 Kbps
Expansion Slots	six total – 3 ISA/3PCI – five available
Cache	256K pipeline burst
Warranty	one-year on-site warranty, toll-free technical support – six days a week
Pentium Processor	166 MHz
RAM	32 MB
Hard Drive	2.0 GB

Windows 95 included

- The CD-ROM drive is very similar to the CD player in your stereo system. In fact, with the right setup, your PC’s CD-ROM plays conventional music CDs. The speed indicator (16x) is the comparative ratio of data transfer on this CD versus the original CD introduced three to four years ago. A 16x CD is standard on most new machines and can handle nearly all your data requirements for the foreseeable future.
- A fax/modem is your electronic connection (through a telephone line) to Blue Shield, other PCs and the Internet. Modem is short for modulator/demodulator. A modem converts the PC speech into telephone speech and back again on the other end. A fax modem also allows you to send and receive faxes through your PC.
- Modem speed: Speeds of 28.8 Kbps, 33.6 Kbps or 56 Kbps are available. The last “standard” modem type was the 28.8 Kbps modem. That is, nearly all 28.8 Kbps modems will talk to each other and transfer data at an equal rate. A higher speed modem like a 56 Kbps will only transfer data at this higher rate if, and only if, the same modem type is on the other end. Don’t be concerned that your 56 Kbps modem may not work. It will work, but the increased price you spent on the modem won’t be realized in modem speed. The two modems trying to connect with each other will “negotiate” until they reach a common speed, which in today’s environment, is probably 28.8 Kbps.
- Processor speed is one of the most important PC features. This is the “metabolism” of your PC. The higher the metabolism, the faster the PC will work and produce results. For the majority of software written today, a 133 MHz machine will work fine. Most ads today will offer a 133, 166 or 200 MHz option. For most of what your offices do today, any one of these machines will work. The only issue is cost.
- For the novice user, customer support may be the most important item on the ad. Nearly all ads I’ve seen lately have a basic warranty and toll-free technical support. The warranty service is either one or three years. What differentiates one from another

# 12/97

is where the service is performed. A one-year, on-site warranty is better than one where you return the machine to the factory for servicing.

- Memory is one of the real confusing points for any PC purchase. It comes in two forms, RAM and Hard Drive. RAM is short for Random Access Memory. It is the amount of area the PC has to shuffle programs and tasks that are active or in use. Picture your desktop as a working area. The bigger the desktop, the more papers and piles of papers you can have on top. This analogy also holds for the Hard Drive — which is analogous to your filing cabinets. It is program storage area for programs that aren't being worked on now. When you need a file, retrieve it from the filing cabinets (Hard Drive) and place it on your desktop (RAM).
- Memory cost: As far as cost per benefit, this is a personal decision. The basic machines offered today have 16 MB (16 million bytes) or 32 MB of “work space” and are sufficient for your current needs. Best of all, most machines allow you to add memory. If you buy a machine with 16 MB, you can upgrade the memory later by adding another 16 MB to achieve 32 MB. A hard drive replacement is a total replacement, but buying an office machine for basic functionality requires less than 2.0 GB.
- Be sure to have the operating system, usually Windows 95, preloaded. The operating system is the instruction the PC uses to process data and run programs. If the operating system is not included, expect to pay an additional price for the software.
- Expansion slots and Cache are supplemental factors in any PC decision. Expansion slots are the amount of additional cards you can add to the basic machine (sound cards, etc.). Cache is a way to store information where you can get to it faster. Since disk access is slower than RAM access, there's also disk caching, that stores information you might need from your hard disk in faster RAM.
- Extra tip! Since some manufacturers do not adhere to an open architecture or design, ask the salesman if the machine is easy to upgrade. If the architecture is open, the machine will expand as your needs expand. If the system is proprietary, a total replacement is in your future.
- One additional note, when comparing prices, make sure the cost of the monitor is included in the price you are quoted. In many cases, this is listed separately.
- Your basic outlay for today's machine, with all the features noted above, is around \$1,200. Add \$200 for a printer and you're ready to go. This machine can handle all of the basic office functions, including claim submission (DataStream) and inquiry access (CareConnect), and still have plenty of horsepower for other applications like word processing and spreadsheets. And, with the time you save by submitting electronically, you may even get in a few games of solitaire!

If you have a topic or issue that you'd like us to respond to, send your question to:

Scott Mangol  
C/O Direct Access Services  
PO Box 890089  
Camp Hill, Pa. 17089-0089

Or send us an e-mail to our Internet mail address at: [drtechnology@careconnect.com](mailto:drtechnology@careconnect.com).  
You can also contact us in the Comments section of the DAS home page at:  
<http://www.careconnect.com>.

# PRN

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## Announcing CareConnect Discovery<sup>SM</sup>

Direct Access Services (DAS) has introduced its newest, most advanced version of the CareConnect Inquiry Network — CareConnect Discovery. CareConnect Discovery takes full advantage of the current Internet Web browser technology while providing a totally secure communications network.

### What does this mean to you?

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- More functionality. With Web browser technology, we can provide you with more health insurance information than ever before. You can verify eligibility, benefits and allowances, check claim status, create electronic referrals, and more. CareConnect Discovery links you to important health care newsletters, publications and manuals. You can also send and receive messages from anyone with an Internet e-mail address, anywhere in the world.
- User-friendly screens. Many CareConnect Discovery screens are in a Windows type environment. If you currently use a Windows product, you are already familiar with many of the functions: on-line help, easy to use and understand graphic icons, plus the “point and click” form of navigation.
- Free access. Access to CareConnect Discovery is free. CareConnect Discovery is not on the Internet, but on a secure Intranet developed and maintained by Pennsylvania Blue Shield. You do not need to pay an Internet service provider (such as America Online) to take advantage of this program.

You will need a Windows 95 pentium PC with Web browser software to access CareConnect Discovery.

To learn how to get connected to CareConnect Discovery, please contact DAS at (800) 992-0246.

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## Building better claims, Internet and health care among top Connections '97 sessions

The Direct Access Services' (DAS) September Connections event was a success. Over 200 health care professionals attended. And, based on the feedback, the seminar was very beneficial. Michael Eckstein, the keynote speaker, received rave reviews on his “EDI in health care” presentation.

The most popular sessions at this Connections were:

- How to build better claims to optimize reimbursement
- Internet and health care
- Web-Browser — your new window to DAS

Although the agenda will be different, we will feature these favorite topics at the 1998 events.

DAS plans to continue the series. It will host the first Connections '98 event April 28-29, 1998, at the Hilton in Harrisburg.



## Policy

### Chemodenervation (botulinum toxin type A) coverage outlined

Chemodenervation (codes 64612, 64613, 67345) alleviates spasms in excessively contracted eye, facial or neck muscles. The procedure involves injecting small amounts of botulinum toxin type A (code J0585) into the contracted muscles.

Pennsylvania Blue Shield will cover chemodenervation when it is used in the treatment of any of the following conditions:

- Blepharospasm (333.81)
- Strabismus (378.00, 378.10, 378.20, 378.30, 378.31, 378.40 - 378.43, 378.5 - 378.54, 378.6 - 378.62, 378.73, 378.9)
- Facial spasms (351 - 351.9)
- Hemifacial spasm (351.8)
- Spasmodic torticollis (333.83)
- Spasmodic dysphonia (478.79)

Any other uses for chemodenervation are considered not medically necessary by Blue Shield. As such, the Company will not reimburse a Participating or Preferred health care professional for these services.

Pennsylvania Blue Shield will evaluate chemodenervation that is carried out longer than six weeks, on an individual consideration basis.

### Photodynamic therapy (PDT) for esophageal cancer is covered

Effective Jan. 1, 1998, photodynamic therapy (PDT) used in the treatment of esophageal cancer (150.0 - 150.9) is an eligible, covered surgical procedure.

Pennsylvania Blue Shield considers photodynamic therapy to be an investigational service when it is performed for conditions (including, but not limited to, precancerous esophageal lesions and Barrett's esophagus) other than esophageal cancer. Therefore, it is not eligible for payment for conditions other than esophageal cancer.

Photofrin R is the only photosensitizing agent that Blue Shield covers for the treatment of esophageal cancer.

Report code 96408 for the intravenous administration of Photofrin R. Use code 43499 to report the initial endoscopy with laser (Esophagoscopy, rigid or flexible with ablation of esophageal tumor(s) via laser, in conjunction with photodynamic therapy). When a subsequent endoscopic debridement (Subsequent endoscopic debridement following ablation of esophageal tumor(s) in conjunction with photodynamic therapy) is performed, report this service with code 49999.

# PRN

## Transplantation involving the small bowel and liver

Pennsylvania Blue Shield's Board of Directors recently approved small bowel and small bowel/liver transplantation as eligible, covered procedures.

Isolated small bowel transplantation is covered for patients with irreversible short bowel syndrome who have established long-term dependency on total parenteral nutrition (TPN) and have developed severe life-threatening complications due to the TPN and have one of the following conditions:

- Impending liver failure due to TPN induced liver injury.
- Premalignant (extensive polyposis) or locally aggressive (desmoid) small bowel tumors.
- Short gut syndrome due to necrotizing enterocolitis, intestinal atresia, midgut volvulus, complicated gastroschisis, abdominal trauma, Crohn's disease, surgical adhesions, Gardener's syndrome or occlusion of the superior mesenteric vessels.
- Defective intestinal motility due to hollow visceral myopathy, neuropathy or total intestinal aganglionosis.
- Impaired enterocyte absorptive capacity due to microvillus inclusion disease, bowel disease or massive intestinal polyposis.
- Limited central venous access.
- Frequent line sepsis.
- Frequent episodes of severe dehydration despite intravenous fluid supplementation with TPN.

Report the following codes and terminology for isolated small bowel transplantation:

Code	Terminology
44799	Donor enterectomy, resection of small intestine, with preparation and maintenance of allograft; from cadaver donor
44799	Transplantation of small intestine allograft from cadaver donor

Small bowel/liver transplantation is eligible for coverage for patients with irreversible short bowel syndrome who have been managed with long-term TPN and who have developed evidence of impending end-stage liver failure and have met the following criteria:

- Combined small bowel and liver failure.
- Liver failure with thrombosis of the portomesenteric system.
- Small bowel failure concomitant with a hypercoagulable state (congenital hepatic defects) such as protein C, S, and antithrombin III deficiency.

Use the following codes and terminology for small bowel/liver transplantation:

Code	Terminology
47399	Donor enterectomy (resection of small intestine) and hepatectomy with preparation and maintenance of allografts; from cadaver donor
47399	Transplantation of liver allograft and small intestine allograft from cadaver donor

Multivisceral transplantation is performed for patients with irreversible failure of more than two of the abdominal visceral organs — including the small bowel. It is also considered for patients with premalignant and potentially curable diffuse gastrointestinal tumors.

Multivisceral transplantation is considered investigational and is not eligible for payment.

The following codes and terminology represent multivisceral transplantation:

Code	Terminology
49999	Donor enterectomy (resection of small intestine), hepatectomy and pancreatotomy, with preparation and maintenance of allografts; from cadaver donor
49999	Transplantation of liver allograft, pancreatic allograft and small intestine allograft from cadaver donor

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## Defining medical direction of anesthesia services

Pennsylvania Blue Shield defines medical direction (or supervision) of anesthesia as anesthesia direction, management or instruction by one who is physically present or immediately available in the operating suite. A health care professional, such as an anesthesiologist, should not be administering anesthesia in another operating room or personally performing other services — while providing medical direction.

We limit reimbursement of medical direction to no more than four anesthesia services performed concurrently.

In accordance with Blue Shield’s policy guidelines, payment is made to the anesthesiologist at 100 percent of the anesthesia allowance for covered anesthesia services in the following instances:

- The anesthesiologist personally provided the full anesthesia service.  
Report this as “I certify the full anesthesia service was provided by me personally.”
- The anesthesiologist is present in the operating room for the entire case, and is actively participating in the administration of the anesthesia, even if the certified registered nurse anesthetist (CRNA) assists him or her in the care of a single patient.  
Report this as “I certify the full anesthesia service was provided by me personally.”
- The anesthesiologist medically directs a CRNA, hired and paid by the anesthesiologist.  
Report this as “Anesthesia services were provided by my employee under my medical direction.”
- The anesthesiologist medically directs a physician-in-training (such as a resident).  
Report this as “Anesthesia services were provided by a non-employee physician-in-training under my medical direction.”

# PRN

In addition, payment is made to the anesthesiologist at 50 percent of the anesthesia allowance for covered anesthesia services in the following instance:

- The anesthesiologist medically directs a CRNA not employed by the anesthesiologist (a hospital compensated CRNA or an independently practicing CRNA).

Report this as “Anesthesia services were provided by a non-employee under my medical direction.”

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## Implanted infusion pump coverage is expanded

Effective immediately, Pennsylvania Blue Shield recognizes intrathecal administration of morphine for the treatment of chronic intractable pain of nonmalignant origin — as an additional covered use for an implanted infusion pump.

Other covered uses include:

- Delivery of morphine into the superior vena cava.
- Delivery of heparin (usually delivered into the superior vena cava) for the treatment of severe thromboembolic disease.
- Regional delivery of antibiotics for the treatment of chronic osteomyelitis.
- Delivery of morphine into the epidural area for the treatment of severe or unremitting pain in cancer patients who are unresponsive to conventional forms of analgesia.
- Administration of antineoplastic agents via the hepatic artery.
- Intrathecal injection of baclofen for severe spasticity of spinal cord origin in patients who are unresponsive to or who cannot tolerate oral baclofen therapy.

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## Use appropriate codes when reporting immunizations

When reporting immunizations, use the appropriate combination procedure code — only if the combination is FDA-approved. For example, report code 90720 — immunization, active; diphtheria, tetanus toxoids and pertussis (DTP) and hemophilus influenza B (HIB) vaccine — if administering DTP (90701) and HIB (90737).

Certain combinations are not approved by the FDA, such as codes 90710 — immunization, active; measles, mumps, rubella, and varicella vaccine — and 90711 — immunization, active; diphtheria, tetanus toxoids, pertussis (DTP) and injectable poliomyelitis vaccine. Please report the individual codes for these services.

Fees and policy change for certain hemodialysis procedures

Effective March 2, 1998, the UCR and PremierBlue allowances for the following hemodialysis procedures will be revised to be commensurate with the physician's professional involvement.

Code	Terminology
90935	Hemodialysis procedure with single physician evaluation
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
90945	Dialysis procedure other than hemodialysis (e.g., peritoneal, hemofiltration), with single physician evaluation
90947	Dialysis procedure other than hemodialysis (e.g., peritoneal, hemofiltration) requiring repeated evaluations, with or without substantial revision of dialysis prescription

Under Pennsylvania Blue Shield's Private Business programs, physicians' professional services rendered to dialysis patients are reimbursed on a fee-for-service basis, rather than a capitated payment rate. This includes dialysis procedures with physician evaluations (codes 90935-90947).

Typical dialysis procedures performed in places other than inpatient hospital, represent services rendered to patients who are generally ambulatory, less medically complicated, and require less physician time or professional service during the dialysis procedure.

Pennsylvania Blue Shield recognizes that the physician's evaluation and care of an acutely ill, hospitalized patient involves highly complex medical decision making. These decisions can involve medical complications, new problems or other circumstances resulting from the dialysis procedure.

To continue providing reasonable reimbursement for the additional time and professional service involved in these situations, we are also making a change in our processing guidelines. Payment will now be made for an inpatient consultation or medical visit provided by the physician on the same day as the dialysis service. When reporting inpatient hospital medical care, use the appropriate Evaluation and Management code (99221-99239) or consultation code (99251-99266, 99271-99275), in addition to the dialysis code.

# PRN

## Codes

### PTM changes

Page	Code	Terminology	Action
170	59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	Change post-op days from 60 to 45
170	59121	Surgical treatment of ectopic pregnancy; tubal or ovarian, without salpingectomy and/or oophorectomy	Change post-op days from 60 to 45
170	59130	Surgical treatment of ectopic pregnancy; abdominal pregnancy	Change post-op days from 60 to 45
286	Y9780	Eye examination and refraction; ophthalmologic	Revise terminology to: "Routine eye examination and refraction." Effective Nov. 3, 1997.
286	Y9781	Eye examination and refraction: optometric	Delete code.  When reporting a routine examination and refraction, use code Y9780. Effective Nov. 3, 1997.

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Notes

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Need to change  
your provider  
information?

Fax the information to us!

You can fax us changes about your practice information, such as the information listed on the coupon below. The fax number is (717) 731-2896. You may also continue to send information by completing the coupon below.

Coupon for changes to provider information

Please clip and mail this coupon, leaving the **PRN** mailing label attached to the reverse side to:

Pennsylvania Blue Shield  
Provider Data Services  
PO Box 898842  
Camp Hill, Pa. 17089-8842

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Name: \_\_\_\_\_ Provider ID Number: \_\_\_\_\_

Electronic Media Claims Source Number: \_\_\_\_\_

Please make the following changes to my provider records:

Practice Name: \_\_\_\_\_

Practice Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Specialty: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

# PRN

Contents

Vol. 1997, No. 6

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## News

Use proper preventive codes to ensure expedient, accurate processing.....	1
Accounts receivable questions answered quickly through free InfoFax service .....	2
Groups move spinal manipulation coverage from Major Medical to Basic Blue Shield.....	2
State adds grace period for direct pay .....	3
BlueCard tips: helping move claims through the system.....	3
New Precertification Customers .....	4

---

## EMC News

Health Insurance Portability and Accountability Act of 1996 update.....	10
Year 2000 computer dilemma to impact everyone – including health care professionals .....	12
Technology: Purchasing the best PC for your office ..	13
Announcing CareConnect Discovery <sup>SM</sup> .....	16
Building better claims, Internet and health care among top Connections '97 sessions .....	16

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<http://www.highmark.com>

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## Policy

Chemodenervation (botulinum toxin type A) coverage outlined.....	17
Photodynamic therapy (PDT) for esophageal cancer is covered .....	17
Transplantation involving the small bowel and liver....	18
Defining medical direction of anesthesia services .....	19
Implanted infusion pump coverage is expanded .....	20
Use appropriate codes when reporting immunizations.	20
Fees and policy change for certain hemodialysis procedures .....	21

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## Codes

PTM changes .....	22
Need to change your provider information? .....	23

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## Acknowledgement

The five-digit numeric codes that appear in **PRN** were obtained from the Physician's Current Procedural Terminology, as contained in CPT-1997, Copyright 1996, by the American Medical Association. **PRN** includes CPT descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures and other materials that are copyrighted by the American Medical Association.

# PRN

Policy Review & News

Pennsylvania Blue Shield  
Camp Hill, Pennsylvania 17089